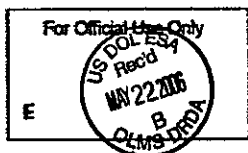


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number U <u>25848</u>	2. Fiscal Year Covered From: <u>01/01/2005</u> Through <u>12/31/2005</u>
3. Name and address of person filing. Name <u>Martin</u> <u>W</u> <u>Gay</u> P.O. Box, Bldg., Room No., if any _____ Street <u>206 Kaymar Drive</u> City <u>North Syracuse</u> State <u>New York</u> ZIP Code + 4 <u>13212</u>	4. Name, file number and address of labor organization. Name <u>Sheet Metal Workers Local No. 58</u> Labor Organization File Number <u>015758</u> P.O. Box Building and Room Number if any _____ Street <u>301 Pulaski Street</u> City <u>Syracuse</u> State <u>New York</u> ZIP Code + 4 <u>13204</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income _____ 7.b. Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Int. W. Gay</u>	On <u>5/15/06</u> Date	<u>(315) 472-4411</u> Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8. Name and address of Business (including trade name if any).

Name SMW Lu.58 Welfare FundTrade Name if any: P.O. Box, Bldg., Room No. if any Street 301 Pulaski StreetCity SyracuseState New York ZIP Code + 4 13204

9 Business deals with:

☒ a Labor Organization☐ b Trust☐ c Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name Trade Name if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing

Employee Benefit Trust in which the Labor Organization is interested.11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursed Expenses in Connection with meeting attendance

12.b. Amount

\$270.62

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name Trade Name if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.